

Attachment D

Budget Instructions and Attachments
D-1 through D-4

BUDGET INSTRUCTIONS – OVERVIEW

The following attachments are to be used in developing your proposed budget to meet the requirements in the RFP:

- Attachment D-1: Service Providers and Billable Activities
- Attachment D-2: Instructions: EIS Worksheets and EIS Budget Forms
- Attachment D-3: EIS Worksheets
- Attachment D-4: EIS Budget Forms

Attachment D-1: Service Providers and Billable Activities, provides information on the activities the service providers can and cannot bill for.

Attachment D-2: Instructions: EIS Worksheets and Budget Forms, provides directions on how to complete both the EIS Worksheets and EIS Budget Forms necessary to determine your budget need.

Attachment D-3: EIS Worksheets, are the required seven (7) worksheets that must be completed to determine the number of hours needed to meet the requirements in the RFP by discipline, the total FTE by discipline, and the salary ranges and sub-contract rates by discipline.

Attachment D-4: EIS Budget Forms, are the required seven (7) budget forms that must be completed to determine your projected costs.

Attachments D-3 and D-4, with justifications, must be submitted with your proposal.

Service Providers and Billable Activities

The purpose of this document is to support your process your process in determining the number (FTE) of staff needed to provide early intervention services described in the RFP to support the development of your budget.

Service Providers:

Billable activities must be provided by one of the approved service providers listed below:

- Occupational Therapist (national registration required)
- Physical Therapist (state license required)
- Speech-Language Pathologist (state license required)
- Special Educator (degree in special education required; M.Ed. in SPED preferred)
- Teacher/Early Childhood Educator (B.A. required; early childhood education or elementary education preferred)
- Certified Assistant (certification required, e.g., Certified Occupational Therapist Assistant [COTA], Physical Therapy Assistant [PTA])
- Paraprofessional (minimum of high school diploma)
- Other (someone other than those listed above; must be approved by the EIS Supervisor or designee)

Billable Activities:

Intake:

Intake includes activities from the initial point of referral to the point of evaluation. Also included is: gathering information from the family about their strengths, needs, priorities and concerns and daily activities; explaining about early intervention services; discussing family rights; completing consent forms, etc.

Comprehensive Disciplinary Evaluation (CDE):

The purpose of the multi-disciplinary comprehensive developmental evaluation (CDE) is to determine Part C eligibility. The multi-disciplinary CDE must be provided by a team of at least two approved professional service providers. The team may consist of two professionals from the list above, or one professional and a social worker/care coordinator, public health nurse, or Child Development Specialist. Included in the CDE is time to review medical and other reports and to participate in writing the evaluation report as described below. Approved evaluation tools include: the Hawaii Early Learning Profile (HELP), Hawaii Developmental Chart (HDC): Battelle Developmental Inventory, and/or the Early Intervention Developmental Profile (Michigan). Each evaluator is approved for a maximum of 1½ hours to complete the evaluation; the lead evaluator is approved for a maximum of an additional 1½ hours to complete the evaluation report. Billing is based on actual time spent completing the evaluation and report, up to the maximum allowed.

If a child is referred to the program with some discipline specific evaluations completed or reports by a physician, a total of a maximum of 1½ hours is approved to complete the CDE tool, including updating it with evaluation information provided, and a maximum of 1½ hours to complete the report. This time may be used by one person or shared by a team. Billing is based on actual time spent completing the evaluation and report, up to the maximum allowed.

Individual Family Support Plan (IFSP):

The IFSP includes: participating in an initial, review, or annual IFSP; and, if a review or annual IFSP meeting, updating child information to share at the meeting.

Evaluation/Assessment:

Evaluation/assessment includes: completion of other evaluation/assessment instruments (e.g., Upper Extremity, Picture Vocabulary, REEL, Bayley, etc.) after eligibility is determined and services have been initiated to support on-going programming. A maximum of 4 units is allowable to complete the evaluation report, however billing for the report is based on actual time spent completing the report.

Treatment/Direct Service:

Treatment/direct service includes: the provision of services to an eligible child and caregiver, foster parent, preschool teacher, etc., to support the child's development. The child must be present to bill under Treatment/Direct Services. Services are provided based on the IFSP. Included in this category are:

- Treatment-Individual Services:
Services provided by one approved service provider directly to one child and/or family to support the child's development. If the provider is supporting the child at a community preschool, Early Head Start program, etc., include the time here.
- Treatment-Group:
Services provided by one or more approved service provider(s) to a group of children and their families to support the children's development.
 - For groups of 2-5 children, a maximum of 2 service providers are allowed for billing purposes.
 - For groups of 6-9 children, a maximum of 3 service providers (no more than 2 professionals) are allowed for billing purposes.
 - For groups of 10 or more children, a maximum of 4 service providers (no more than 3 professionals) are allowed for billing purposes.
- Treatment-Preparation/Notes:
Time necessary to prepare for individual or group sessions and to write progress notes, quarterly updates, etc. Allowable time includes:
 - Maximum of 1 unit to prepare for an individual session.
 - Maximum of 2 units to prepare for a group session. The 2 units is the total; it can be shared by staff or assigned to one staff person.
 - Maximum of 1 unit to write progress notes, quarterly updates, etc.

Consultation:

Consultation is generally provided to the primary provider or primary early interventionist (professional or paraprofessional) to support the provision of transdisciplinary services. The purpose of the consultation is to assist the primary provider or primary early interventionist in learning the skills necessary to meet all IFSP outcomes. Frequency of consultation is based on the IFSP.

Family Training and Counseling:

Family Training and Counseling includes assisting the family of an enrolled child to understand the special needs of their child and to learn how to support their child's development. This may occur during intake, an evaluation, or treatment, or there may be an activity (e.g., parent support meeting) specific to family training and counseling. If the discussion with the family during intake, evaluation, treatment is substantial, include in this category (family training and counseling); otherwise include the time as part of the specific activity (e.g., intake, CDE, treatment, etc.)

Note: If family support is provided via a parent group at the program site, it is appropriate for families to bring their children for activities while the parent support group is in progress. Although this may meet two needs, the need for parents to interact and the opportunity for the children to socialize with each other, the purpose is to provide family support. Bill the family support activity under this category (Family Training and Counseling) and the child group activity as Treatment – Group. Make a note that the group was provided to support Family Training & Counseling.

Child-Team Meeting:

Child-Team Meeting includes staff time scheduled for a substantive discussion regarding a child's progress or lack of progress. This should include as many IFSP team members as necessary and appropriate. Family members should always be invited to participate in meetings regarding their child. Required court appearances, child welfare meetings and Ohana Conferences are to be included in this category. If a report is required for the meeting, include the time to prepare the report. The Child-Team Meeting is not part of the IFSP meeting, although an IFSP meeting may be scheduled as a result of the Child-Team Meeting.

Transition/Transfer:

Transition/transfer includes activities to support the transition of a child out of an EI program to DOE, Head Start or a community preschool, or to support the transfer a child from an EI program to another EI program.

For children who may transition to DOE, Head Start, or other program that serves children over age 3, it can include:

- Completing DOE or other application forms;
- Attending meetings with the family, including the: Transition Conference, Student Support Team (SST) meetings, evaluation meetings, IEP meetings, meetings with the family in preparation of the IEP meeting, etc.; and/or
- Visiting preschools with the family.

For children transferring to another EI program, it can include:

- Visiting another EI program with the family; and/or
- Participating in an IFSP to support the transfer (bill under IFSP);

For children who have already transitioned to DOE, Head Start or a community preschool, it can include:

- A maximum of 2 sessions is allowable to support the new service providers in understanding how to successfully provide services to a child enrolled in a DOE, Head Start, or community preschool.

Approval to bill for an IEP Meeting after the child turns 3 must have prior approval by the EIS Supervisor or designee.

Transportation:

Transportation includes the time necessary for a service provider to travel to a community site (e.g., child's or caregiver's home, preschool, etc.) to provide the services identified on the IFSP. When the service provider's first or last visit of the day results in bypassing the center, the time recorded for transportation is the lesser of the amount of time to return to the office or to reach home.

No Show:

A "no show" occurs when a service provider travels to an agreed upon location in the community (e.g., home, park, etc.) for an approved activity (e.g., evaluation, direct service) and the child and parent are not present. Cancellations within 48 hours of the appointment are considered a "no show" only if the program cannot substitute another child in that timeframe. Billable time for the "no show" includes the travel time and the time necessary to determine that the scheduled activity will not occur (no more than 30 minutes). Center-based "no shows" are not billable.

The following protocol is to be followed:

1st No Show:

Time for transportation and to determine that the scheduled activity will not occur is billable. A follow-up call must be made to the family regarding the "no show" and to re-schedule the appointment. If the family does not have a phone, a note must be left regarding the missed appointment.

2nd No Show:

Half or 50% of the time for transportation and to determine that the scheduled activity will not occur is billable. Both a note and a phone call must be made to determine (if possible) the reason for the "no show." In addition, it is highly recommended that additional follow-up occur by a social worker or PHN (if the PHN is part of the team) to determine what might be causing the no shows.

3rd No Show:

One quarter or 25% of the time for transportation and to determine that the scheduled activity will not occur is billable. A letter must be written to the family informing them that they must call to re-schedule treatment.

4th No Show:

Not billable.

No Show Pattern:

The following example explains how the billing protocol will operate. For weekly or less frequent sessions, starting over with “1st no show” must follow **2** successive “shows.”

Week 1 – show	= full payment
Week 2 – no show	= Considered 1 st No Show
Week 3 – show	= full payment
Week 4 – no show	= Considered 2 nd No Show
Week 5 – show	= full payment
Week 6 – no show	= Considered 3 rd No Show
Week 7 – show	= full payment
Week 8 – show	= full payment
Week 9 –	pattern starts over as there were 2 consecutive “shows.”

For families receiving multiple visits per week, there must be **4** consecutive “shows” for the pattern to start over again.

The following categories are not included in Worksheet 1 but are important for accurate billing:

EIS Supported Training:

EIS Supported Training includes trainings that are required and supported by the Early Intervention Section, and can only be billed with prior permission from the EIS Supervisor or designee. A flat rate of \$150 per full day or \$100 per half-day is billable. Because training is not reimbursable on an hourly basis, it is not included in Worksheet 1. Instead, determine the cost of 5 days of required training per direct service staff, program manager and SW/CC and include in EIS Budget Form 1G: EIS Supported Training.

Sub-Contracting

Sub-contracting can only occur if it was pre-approved by the Director of Health. The billable amount is determined by whether the contractor is filling in for a vacant position or is in addition to the filled positions. Billing is based on the approved hourly amount or the approved sub-contract amount. Below is a description of what to bill:

- Bill at the approved hourly amount (not the sub-contracted amount) if the subcontractor is replacing a position that has FTE in the approved budget but the position is vacant. You can bill up to the number of hours equal to the FTE.
- Bill at the subcontractor hourly rate if the hours are in addition to the approved FTE and included in the approved budget. For subcontracted hours approved in the budget, bill at the rate for the classification up to the number hours allowed.

- For hours in excess of the budgeted amount, EIS approval is needed.

Non-Billable Activities:

It is expected that approximately 38% of the service provider's time is not billable. This includes, but is not limited to the following activities:

Regular Staff Meetings

Regular staff meetings are pre-arranged meetings attended by all staff. Content varies and while it may include discussions around families and services, that is not the main purpose of the meeting.

Supervisory Meetings

Supervisory meetings are held between the supervisor and one or more supervisees.

EIS Mandated Trainings

EIS mandated trainings are those identified by EIS that must be attended by staff as part of the contract process.

Program Trainings

Program trainings are trainings identified by the contracted EI program that must be attended by staff to support the provision of early intervention services. For example, it is expected that staff hired to provide early intervention services are trained and knowledgeable both in their area of expertise (e.g., speech language pathology) as well as in providing services to infants and toddlers under age 3 with developmental delays and their families. It is the program's responsibility to provide the necessary and on-going training to assure that each staff has the requisite skills needed to meet their position responsibilities and is kept current in their specific field of practice.

Lunch/Break Time

The legally allowable breaks from work.

Vacation/Sick Leave

Determined by the agency.

Instructions: EIS Worksheets and EIS Budget Forms

The Early Intervention Section, Department of Health utilizes a unit cost methodology for the provision of direct services. Embedded in the hourly cost per direct service staff are: direct service staff salaries, fringe benefits, taxes, and time for non-billable activities (e.g., staff and supervisory meetings, program trainings, vacation/sick leave, etc.). To support your budget projection you will need to project the number of hours of billable activities (from Attachment D-1) that you think will be necessary to meet the service needs of the children who are expected to be served each month per geographical area, based on the numbers included in the RFP. When developing your budget, remember that at least 90% of these children are to be served in their natural environment (e.g., their home, the home of their daycare provider, a preschool program, or elsewhere in the community). If a child is not served in a natural environment, remember that each child's Individual Family Support Plan (IFSP) must provide a justification for serving that child elsewhere.

Process:

1. Complete EIS Worksheets 1-5 (Attachment D-3) to determine the FTE needed for direct services, including direct service staff and sub-contracted services, as well as the salary ranged. To complete the worksheets you must first decide what type of service providers you will need. Refer to Attachment D-1 for approved service providers and definitions of billable and non-billable activities.
2. Complete EIS Budget Forms 2 and 5 (Attachment D-4) to provide information on requested salaries and contractual rates for each direct service staff.
3. Using information from EIS Budget Forms 2 and 5, complete EIS Worksheets 6 and 7 (Attachment D-3).
4. After EIS Worksheets 1-7 and EIS Budget Forms 2 and 5 are completed, complete EIS Budget Forms 3, 4, 6, and 7 (Attachment D-4) and transfer the information to EIS Budget Form 1(Attachment D-4) to summarize and complete your budget request.

Complete EIS Worksheets 1-5

Worksheet 1: Estimated Hours by Service Provider and Activity Per Month. Fill in the number of children estimated to be served as indicated in the RFP for the specific geographical area. For the above number of children, estimate the number of hours for each billable activity by service provider that is necessary to meet the needs of the children and families. DO NOT include any activity that is provided by a social worker (SW), as you will either be provided a DOH SW or Human Services Professional (HSP) or will be provided funds to hire a licensed social worker. It is recommended that if you are currently providing early intervention services, use your current data in estimating the number of billable services that are needed. If you are not currently providing early intervention services, estimate what you think will be necessary based upon your understanding of early intervention. If you are requesting staff other than those listed in

Attachment D-1, you will need to provide justification for the additional positions, including both why they are needed and what support they will be providing.

Example: You estimate to serve 100 children. Based on previous date, approximately 10 new referrals are received per month that require an Intake and a Comprehensive Developmental Evaluation (CDE). Each Intake averages approximately 1 hour per family. Intake is generally handled 80% of the time by a social worker and are not billable, and 20% by the special educator and are billable. Therefore, the special educator will complete 2 of the 10 Intakes (20%). At 1 hour per Intake, the special educator will spend 2 hours (2 Intakes x 1 hour) with this activity. Place "2" for Intake under SPED. Because social work services are not billable, the 8 hours of intake (2 Intakes x 1 hour) handled by the social worker are **not** included. The evaluation for eligibility is provided by a multidisciplinary team of the special educator and OT. Each evaluator is allowed a maximum of 1.5 hours to complete the evaluation; the lead evaluator is allowed a maximum of 1.5 additional hours to write the evaluation report. The SPED is the lead for all evaluations. Place "15" for CDE under OT (10 evaluations x 1.5 hrs.), and "30" hours under SPED (10 evaluations x 1.5 + 10 reports x 1.5).

Worksheet 2: Estimated Number of Hours per Year. Transfer from Worksheet 1, the Total Hours by each Service, to Worksheet 2 (Column B), Total Estimated Hours/Month. Multiply as indicated to determine the total estimate of the number of hours per year by service provider that is needed (Column D).

Worksheet 3: Estimated FTE Needed by Service Provider. This worksheet will help determine the number of direct service staff necessary to provide the billable activities. Time study data found that out of 2080 work hours per year (40 hrs./wk. x 52 wks.), an average of 62.35% or 1297 hours were used for billable activities. The remaining time, 37.65% or 783 hours was used by direct service staff for vacation, sick leave, staff meetings, other training activities, and administrative duties.

To complete this worksheet, transfer from Worksheet 2 (Column D) the Total Estimated Hours/Year per service provider, to Worksheet 3 (Column B), Total Estimated Hours/Year per service provider. Divide as indicated to determine the total estimate of the number of FTE required to provide the billable activities (Column D).

Worksheet 4: Proposed Service Delivery Plan. This worksheet will help determine how you intend to staff the program. You may choose to hire all necessary staff, or hire some staff and sub-contract for other staff.

To complete this worksheet, transfer from Worksheet 3 (Column D) the Total Estimated FTE by provider, to Worksheet 4 (Column B) Total Estimated FTE. Review the Total Estimated FTE to determine how you intend to staff your program. For example, you have determined that you will need 2.2 FTE of

occupational therapy. Place "2.2" in Column B. Because it is very unlikely that you will be able to hire a staff for .2 FTE, you decide to hire 2.0 FTE and sub-contract for .2 FTE, or 21.6 hours/month. Place "2" in Column C and "21.6" (1297 x .2 divided by 12 months) in Column D.

Worksheet 5: Proposed Salary Range Per Direct Service Provider. (see example)

This worksheet provides information on the salary range recommended for each position.

For each position, determine a minimum and a maximum salary (Column B). Based upon the percent for fringe and taxes (include the percent in Column C as indicated), determine the fringe range. (Note: In this example the fringe rate is 25%). Column D is the total cost for each direct service staff (the sum of Columns B and C). Calculate the hourly rate (Column E) by dividing the total cost (Column D) for each provider by 1297 (work hours per year, from Table 4 instructions.)

Although Social Worker is not billable, you will need this information to complete Budget Forms 1 and 7.

Include justifications for the salary range by discipline.

Complete EIS Budget Forms 2 and 5

Budget Form 2: Budget Justification: Direct Service Personnel – Salaries, Fringe Benefits and Taxes. This form is to be used to determine costs for each direct service provider.

Complete one row for each direct service staff. For current staff, list the name or position number, the current salary and requested salary. For new staff, write "New" instead of name and use the mid-range (i.e., average) of the salary range and fringe & taxes for each position from Worksheet 5.

Budget Form 5: Budget Justification: Sub-Contracted Direct Services. If, based on Worksheet 4, you plan to sub-contract for direct services, complete this form to show the hourly and total cost per individual. Otherwise note "N/A" on Budget Form 5.

Complete one row for each sub-contracted provider. For each sub-contracted provider list the discipline, and estimated number of hours from Worksheet 5. Also list the amount per hour for each sub-contracted service and total amount as indicated.

Complete EIS Worksheets 6 and 7

Worksheet 6: Proposed Direct Service Salaries. This worksheet provides information on FTE (Column B), Salary (Column C), Fringe & Taxes (Column D) and Total Cost (Column E) of the proposed direct service staff by discipline.

Transfer from Worksheet 4 (Column C) the Total Salaried Staff FTE by discipline to Worksheet 6 (Column B) Total Salaried Staff FTE. Transfer from EIS Budget Form 2 (Column C) Salary Budgeted to Contract by discipline and (Column D) Fringe & Taxes, to Worksheet 6 (Column C) Total Salary and (Column D) Total Fringe and Taxes. The totals on Worksheet 6 should match the totals on EIS Budget Form 2.

Also transfer from Worksheet 6 (Column C) Total Salary, to Budget Form 1, A1: Personnel Cost, Salaries – Direct Service Staff. In addition, transfer from Worksheet 6 (Column D) Total Fringe & Taxes to Budget Form 1, A3: Fringe & Taxes – Direct Service Staff.

Worksheet 7: Proposed Sub-Contracted Costs. This worksheet provides information on Estimated Sub-Contracted Hours (Column B), Hourly Rate (Column C) and Total Sub-Contracted Costs (Column D) of proposed providers by discipline.

Transfer from Worksheet 4 (Column D) Total Sub-Contracted Hours/Month needed by discipline to Worksheet 7 (Column B) Total Estimated Sub-Contracted Hours. Transfer from EIS Budget Form 5, Amount per Hour, to Worksheet 7 (Column C) Hourly Rate.

Transfer from Worksheet 7 (Column D) Total Sub-Contracted Costs to Budget Form 1, C: Sub-Contracted Direct Services.

Complete EIS Budget Forms 1, 3, 4, 6, 7

Budget Form 1: Budget. This form summarizes the total amount needed to provide services. It includes your Budget Request (Column A), Agency Contributions via other contracts, fund raising, etc., and the expected Total Budget Column (C) needed to serve the estimated number of children to be served. If your agency does not provide any in-kind contribution, complete only Column A.

Finalize Budget Form 1 with information from Budget Forms 3, 4, 6, and 7 and by completing B. Other Current Expenses. Also complete the section Sources of Funding that summarizes your budget request, agency contribution, and total amount needed to meet the service needs as identified in the RFP.

To determine the amount to be included for Budget Form 1, G. EIS Supported Training, follow the instructions in Billable Activities (Attachment D-1), in the section "EIS Supported Training."

Budget Form 3: Budget Justification: Administrative Personnel – Salaries, Fringe Benefits and Taxes. This form includes all staff that do not provide direct services but support the program and/or agency administratively (e.g., program clerical staff, data staff, program manager, a proportion of the executive director and accountant, etc.).

Transfer information from EIS Budget Form 3 (Column C) Salary Budgeted to Contract, to Budget Form 1, A2: Personnel Cost, Salaries – Administrative Staff. Also transfer from EIS Budget Form 3 (Column D) Fringe & Taxes to Budget Form 1, A4: Fringe & Taxes, Administrative Staff.

Budget Form 4: Budget Justification: Personnel – Payroll Taxes, Assessments, and Fringe Benefits. Complete as indicated on this form. The total on Budget Form 4 must equal the sum of Budget Form 1, A3: Fringe & Taxes – Direct Service Staff and A4: Fringe & Taxes – Administrative Staff.

Budget Form 6: Budget Justification: Equipment Purchases. If you plan on purchasing equipment, complete this form and transfer the cost information to Budget Form 1, D: Equipment Purchases. Include justification for all equipment listed.

Budget Form 7: Budget Justification: Other Personnel – Social Workers. This budget form is to be used to list the SW needed to provide SW services to the number of children noted on Worksheet 1. The SW ratio is 1:35. Determine the number SW needed and complete one row for each position. For current staff, list the name or position number, the current salary and requested salary. For new staff, write "New" instead of name and use the mid-range (i.e., average) of the salary range and fringe & taxes for the position from Worksheet 5. Transfer the total Salary, Fringe & Taxes Budgeted to the Contract (Column D) to Budget Form 1, E: Other Personnel.

Each SW is allowed \$200/month (\$2400/year) per 1.0 FTE to cover Other Operational Expenses (e.g., mileage, supplies, etc.). Using the total FTE for FY 08, determine Other Operating Costs and transfer this amount to Budget Form 1, F: Other Operational Expenses.

Note: The DOH reserves the right to replace SW positions listed on Budget Form 7 with DOH SW/HSP positions. If this occurs the following budget categories on EIS Budget Form 1 will be reduced as appropriate: Budget Forms 1, D: Equipment; 1, E: Other Personnel; 1,F: Other Operational Expenses; and 1,G: EIS Supported Training.

EIS Worksheets

To Determine Total Direct Service FTE Needed and Costs: Staff FTE and Costs, and Sub-Contracted Hours and Costs

The estimate is based on serving ____ children per month (from RFP)

EIS Worksheet 1: Estimated Hours by Service Provider and Activity Per Month

Billable Activities	OT	PT	SLP	SPED	Teacher	Asst.	Para.	Other*	TOTAL Hours by Activity
Intake									
Comp. Dev. Eval. (CDE)									
IFSP									
Eval./ Assessment									
Treatment – Individual									
Treatment – Group									
Treatment – Prep./Notes									
Consultation									
Family Training and Counseling									
Child Team Meeting									
Transition/ Transfer									
Transportation									
No Show									
TOTAL Hours by Service Provider									
AVERAGE Hours/Child									

Note: Provide justification for how the number of service hours by discipline and activity was determined.

* If you include “Other” staff, provide justification for the additional positions, including both why they are needed and what support they will be providing to children and/or families served.

EIS Worksheet 2: Estimated Number of Direct Service Hours by Service Provider per Year

A	B	C	D
Service Provider	Total Estimated Hours/Month (from Wksht. 1)	Months/Year	Total Estimated Hours/Year (B x C)
Occupational Therapist		12 months	
Physical Therapist		12 months	
Speech Lang. Pathologist		12 months	
Special Educator		12 months	
Teacher		12 months	
Assistant		12 months	
Paraprofessional		12 months	
Other		12 months	
TOTALS		N/A	

EIS Worksheet 3: Estimated FTE by Service Provider

A	B	C	D
Service Provider	Total Estimated Hours/Year (from Wksht. 2, Col. D)	Direct Service Hours/Year	Total Estimated FTE (B divided by C)
Occupational Therapist		1297	
Physical Therapist		1297	
Speech Lang. Pathologist		1297	
Special Educator		1297	
Teacher		1297	
Assistant		1297	
Paraprofessional		1297	
Other		1297	
TOTALS		N/A	

EIS Worksheet 4: Proposed Service Delivery Plan

A	B	C	D
Service Provider	Total Estimated FTE (from Wksht. 3, Col. D)	Total Salaried Staff FTE	Total Sub-Contracted Hours/Month
Occupational Therapist			
Physical Therapist			
Speech Lang. Pathologist			
Special Educator			
Teacher			
Assistant			
Paraprofessional			
Other			
TOTALS			

EIS Worksheet 5: Proposed Salary Range Per Direct Service Provider

Example:

A	B	C	D	E
Service Provider	Salary	Fringe & Taxes (25%)	Total Cost (B+C)	Hourly Rate Range (D/1297)
OT - low	40,000	10,000	50,000	38.55
OT - high	50,000	12,500	62,500	48.20

A	B	C	D	E
Service Provider	Salary	Fringe & Taxes (<input type="text"/> %)	Total Cost (B+C)	Hourly Rate Range (D/1297)
OT - low				
OT - high				
PT - low				
PT - high				
SLP - high				
SLP - low				
SPED - low				
SPED - high				
Teacher - low				
Teacher - high				
Assistant - low				
Assistant - high				
Para. - low				
Para. - high				
Other - low				
Other - high				
Lic. Social Worker - low				
Lic. Social Worker - high				

Note: Provide justification for proposed salary ranges for all staff listed above, including social workers. Also provide the procedures to be used to determine how individual salaries within the range will be set. Licensed Social Workers are included in this list because, even though they are not reimbursed hourly, this information is needed to complete EIS Budget Forms 1 and 7.

EIS Worksheet 6: Proposed Direct Service Salaries

A	B	C	D	E
Service Provider	Total Salaried Staff FTE (from Wksht.4, Col. C)	Total Salary (from EIS Budget Form 2)	Total Fringe & Taxes	Total Salaried Staff (C + D)
OT				
PT				
SLP				
SPED				
Teacher				
Assistant				
Paraprofessional				
Other				
TOTALS				

EIS Worksheet 7: Proposed Sub-Contracted Costs

A	B	C	D
Service Provider	Total Estimated Sub-Contracted Hours (from Wksht. 4, Col. D)	Hourly Rate (from EIS Budget Form 5)	Total Sub-Contracted Costs
Occupational Therapist			
Physical Therapist			
Speech Lang. Pathologist			
Special Educator			
Teacher			
Assistant			
Paraprofessional			
Other			
TOTALS			

Note: Provide justification for hourly rates.

BUDGET

(Period July 1, 2007 to June 30, 2008)

Applicant/Provider/Program: _____

RFP No.: _____

Contract No. (As Applicable): _____

BUDGET CATEGORIES	Budget Request (a)	Agency Contribution (b)	Total Budget (c)	(d)
A. PERSONNEL COST				
1. Salaries - Direct Service Staff				
2. Salaries - Administrative Staff				
3. Fringe & Taxes - Direct Service Staff				
4. Fringe & Taxes - Administrative Staff				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	Not Allowed			
2. Airfare, Out-of-State	Not Allowed			
3. Audit Services				
4. Contractual Services - Administrative				
5. Insurance				
6. Lease/Rental of Equipment				
7. Lease/Rental of Motor Vehicle				
8. Lease/Rental of Space				
9. Mileage				
10. Postage, Freight & Delivery				
11. Publication & Printing				
12. Repair & Maintenance				
13. Staff Training				
14. Subsistence/Per Diem	Not Allowed			
15. Supplies				
16. Telecommunication				
17. Transportation				
18. Utilities				
19. Other (attach list)				
TOTAL OTHER CURRENT EXPENSES				
C. SUB-CONTRACTED DIR. SERVICES				
D. EQUIPMENT PURCHASES				
E. OTHER PERSONNEL				
F. OTHER OPERATIONAL EXPENSES				
G. EIS SUPPORTED TRAINING				
TOTAL (A+B+C+D+E+F+G)				
SOURCES OF FUNDING		Budget Prepared By:		
(a) Budget Request		Name (Please type or print) _____ Phone _____		
(b) Agency Contribution		Signature of Authorized Official _____ Date _____		
(c)		Name and Title (Please type or print) _____		
(d)				
TOTAL REVENUE		For State Agency Use Only		
		Signature of Reviewer _____ Date _____		

HTH 530-06-1 and
530-06-2
Attachment D-4

Period: July 1, 2007 to June 30, 2008 Date Prepared:

JUSTIFICATION/COMMENTS: Include justification for any changes in staffing (e.g., increase in children served) and/or salary costs (e.g., increase due to difficulty hiring or requested salary increase). Justification should be on a separate page.

Period: July 1, 2007 to June 30, 2008 Date Prepared:

[illegible]

JUSTIFICATION/COMMENTS: Include justification for any changes in staffing (e.g., increase in children served) and/or salary costs (e.g., increase due to difficulty hiring or requested salary increase). Justification should be on a separate page.

BUDGET JUSTIFICATION
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS

HTH 530-06-1 and
530-06-2
Attachment D-4

Applicant/Provider/Program: _____

RFP No.: _____ Period: July 1, 2007 to June 30, 2008

Date Prepared: _____

Contract No.: _____
(As Applicable)

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
PAYROLL TAXES & ASSESSMENTS:			
Social Security	As required by law	As required by law	
Unemployment Insurance (Federal)	As required by law	As required by law	
Unemployment Insurance (State)	As required by law	As required by law	
Worker's Compensation	As required by law	As required by law	
Temporary Disability Insurance	As required by law	As required by law	
SUBTOTAL:			
FRINGE BENEFITS:			
Health Insurance			
Retirement			
SUBTOTAL:			
TOTAL:			

JUSTIFICATION/COMMENTS:

HTH 530-06-1 and
530-06-2
Attachment D-4

Contract No. _____
(As Applicable)

NAME OF BUSINESS OR INDIVIDUAL	DISCIPLINE	ESTIMATED # HOURS	AMOUNT PER HOUR	TOTAL (Contracted Services)
TOTAL CONTRACTED DIRECT SERVICES:				

**BUDGET JUSTIFICATION
EQUIPMENT PURCHASES**

HTH 530-06-1 and
530-06-2
Attachment D-4

Applicant/Provider/Program: _____

RFP No.: _____ Period: July 1, 2007 to June 30, 2008 Date Prepared: _____

Contract No.: _____
(As Applicable)

DESCRIPTION OF EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED

JUSTIFICATION/COMMENTS:

HTH 530-06-1 and
530-06-2
Attachment D-4

Period: July 1, 2007 to June 30, 2008 Date Prepared: _____

JUSTIFICATION/COMMENTS: Include justification for any changes in staffing (e.g., increase in children served) and/or salary costs (e.g., increase due to difficulty hiring or requested salary increase). Justification should be on a separate page.

Attachment E

Form Post 210
Form Post 21A

Awardee _____

Agreement No. HTH 530-06-1
 HTH 530-06-2

REPORT OF EXPENDITURES

Reporting Period Covered:						
EXPENDITURE CATEGORIES	CONTRACT COST					
	BUDGET	ACTUAL			BALANCE	% EXPENDED
	Total Contract	Prior Periods to Date (Cumulative)	Current Reporting Period	Contract Period to Date (b) + (c)	(a) - (d)	(d / a)
	(a)	(b)	(c)	(d)	(e)	(f)
A. PERSONNEL COST						
1. Salaries - Direct Service Staff						
2. Salaries - Administrative Staff				0	0	0.00
3. Fringes & Taxes-Direct Service Staff				0	0	0.00
4. Fringes & Taxes-Administrative Staff				0	0	0.00
TOTAL PERSONNEL COST	0	0	0	0	0	0.00
B. OTHER CURRENT EXPENSES						
1. Airfare, Inter-Island	Not Allowed			0	0	0.00
2. Airfare, Out-of-State	Not Allowed			0	0	0
3. Audit Services				0	0	0.00
4. Contractual Services - Administrative				0	0	0.00
5. Contractual Services - Subcontracts				0	0	0.00
6. Insurance				0	0	0.00
7. Lease / Rental of Equipment				0	0	0.00
8. Lease / Rental of Motor Vehicle				0	0	0.00
9. Lease / Rental of Space				0	0	0.00
10. Mileage				0	0	0.00
11. Postage, Freight & Delivery				0	0	0.00
12. Publication & Printing				0	0	0.00
13. Repair & Maintenance				0	0	0.00
14. Staff Training				0	0	0.00
15. Subsistence / Per Diem	Not Allowed			0	0	0
16. Supplies				0	0	0.00
17. Telecommunication				0	0	0.00
18. Transportation				0	0	0.00
19. Utilities				0	0	0.00
20. _____				0	0	0.00
21. _____				0	0	0.00
TOTAL OTHER CURRENT EXPENSES	0	0	0	0	0	0.00
C. SUB-CONTRACTUAL SERVICES - Direct				0	0	0.00
D. EQUIPMENT PURCHASES						
E. OTHER PERSONNEL				0	0	0.00
F. OTHER OPERATIONAL EXPENSES						
G EIS SUPPORTED TRAINING				0	0	0.00
TOTAL (A+B+C+D+E+F+G)	0	0	0	0	0	0.00
CONTRACT REVENUES RECEIVED						

For Official Use Only <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Signature of Program Reviewer _____ Signature of Fiscal Reviewer _____ </div> <div style="width: 45%;"> Date _____ Date _____ </div> </div>	DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting period(s) stated. Report Prepared By: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Name (Please Type or Print) _____ Signature of Awardee's Authorized Official _____ Name and Title (Please Type or Print) _____ </div> <div style="width: 45%;"> Phone _____ Date _____ </div> </div>
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REPORT OF EXPENDITURES

PERSONNEL COST - SALARIES & WAGES

Reporting Period Covered _____							
POSITION NUMBER	EMPLOYEE NAME	POSITION TITLE	FULL TIME MO. SALARY	FULL TIME EQUIV. (FTE)	% OF TIME CHARGED TO CON- TRACT	SALARY CHARGED TO CON- TRACT (CURRENT PERIOD)	TOTAL CONTRACT BUDGET (7/1/ to 6/30/)
(a)	(b)	[c]	(d)	(e)	(f)	(g)	(h)
TOTAL PERSONNEL COST - SALARIES/WAGES			0.00	0.00	0	0	

<p>For Official Use Only</p> <div style="display: flex; justify-content: space-between;"> <div>Signature of Program Review</div> <div>Date</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Signature of Fiscal Review</div> <div>Date</div> </div>	<p>DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting period(s) stated.</p> <p>Report Prepared By</p> <div style="display: flex; justify-content: space-between;"> <div>Name (Please Type or Print)</div> <div>Phone</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Signature of Awardee's Authorized Official</div> <div>Date</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Name and Title (Please Type or Print)</div> <div></div> </div>
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1> Figure to be inserted in Form POST/FIS 101, Item A.1 - Column c (Report of Expenditures)

2> Figure to be inserted in Form POST/FIS 101, Item A.1 - Column a (Report of Expenditures)

This RFP is in 5 Part:

Part 1: Beginning through Attachment B

Part 2: Attachment C

Part 3: Attachment D through E

Part 4: Attachment F

Part 5: Attachment G through H